



Allied Health • Chiropractic

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2007 CPT-4/HCPSC Updates: Implementation August 1, 2007

The 2007 updates to the *Current Procedural Terminology – 4th Edition* (CPT-4) and Healthcare Common Procedure Coding System (HCPSC) National Level II codes will be effective for Medi-Cal for dates of service on or after August 1, 2007. The affected codes are listed below. Only those codes representing current or future Medi-Cal benefits are included. Please refer to the 2007 CPT-4 and HCPSC Level II code books for complete descriptions of these codes. Specific policy, billing information and manual replacement pages reflecting these changes will be released in a future *Medi-Cal Update*.

HCPSC Level II Code Additions

Durable Medical Equipment and Supplies

A8000, A8001, A8004, E0165, E0936, E2373 – E2377, E2381 – E2396, K0800 – K0802, K0806 – K0808, K0812 – K0816, K0820 – K0831, K0835 – K0843, K0848 – K0864, K0868 – K0871, K0877 – K0880, K0884 – K0886, K0890, K0891, K0898, T5001

Orthotic Procedures and Devices

A8000 – A8004, L1001, L3806, L3808, L3915

Prosthetic Procedures and Appliances

L5993, L5994, L6611, L6624, L6639, L6703, L6704, L6706 – L6709, L7007 – L7009

HCPSC Level II Codes with Description Changes

Durable Medical Equipment and Supplies

E0163, E0167, E0181, E0182, E0720, E0730, E0967, E2209

Orthotic Procedures and Devices

L0631, S1040

Prosthetic Procedures and Appliances

L5848, L5995, L6805, L6810, L6881, L6884, L7040, L7045

HCPSC Level II Code Deletions

Durable Medical Equipment

A4632, E0164, E0166, E0180, E0701, E0977, E0997 – E0999, E2320, K0090 – K0097, K0099

Orthotic Procedures and Devices

L0100, L0110, L3902, L3914

Prosthetic Procedures and Appliances

L6700, L6705, L6710 – L6800, L6806 – L6809, L6825 – L6880, L7010 – L7035

Processing Changes for Treatment Authorization Requests

Beginning May 1, 2007, the California Department of Health Services (CDHS) will phase in several changes which will impact how paper *Treatment Authorization Requests* (TARs) are processed.

These changes are being implemented to minimize the key data entry of incomplete or erroneous TAR information and to reduce the volume of paper documents containing Protected Health Information (PHI), particularly Social Security Numbers (SSNs) that are sent via:

- United States Postal Service
- Courier services
- Other types of delivery services

CDHS expects to complete this phased implementation by September 2007.

Processing Change Schedule

Processing changes to paper TARs will impact providers interacting with the Medi-Cal field offices and pharmacy sections on the following dates:

May 2007 Sacramento Medi-Cal Field Office	August 2007 Fresno Medi-Cal Field Office
June 2007 Northern Pharmacy Section (Stockton) Southern Pharmacy Section (L.A.)	San Bernardino Medi-Cal Field Office San Diego Medi-Cal Field Office San Francisco Medi-Cal Field Office
July 2007 L.A. Medi-Cal Field Office In-Home Operations South	September 2007 TAR Administrative Remedy Section In-Home Operations North

Incomplete TARs

CDHS Medi-Cal field offices and pharmacy sections will be unable to enter paper TARs with incomplete information into the TAR system. These paper TARs will be deferred back to the submitting provider, with a Medi-Cal field office/pharmacy section *Incomplete TAR Form* identifying the reasons for deferral and instructions about how to resubmit the paper TAR with the necessary corrections.

Providers are to:

- Make the necessary corrections/changes on the paper TAR, and
- Resubmit with a copy of the *Incomplete TAR Form* on top of the paper TAR.

Paper TARs that are returned to the submitting provider for correction will not be available for inquiry through the Provider Telecommunications Network (PTN).

Any one of the reasons below will not allow the paper TAR information to be entered into the system. The reason(s) will be marked on the *Incomplete TAR Form* and sent back to the submitting provider for corrections. These reasons may consist of one or more of the following:

- The TAR form is illegible or damaged.
- The submitting provider number is missing, inactive, suspended or invalid for the category of service requested.
- The patient's Medi-Cal ID number is missing, invalid or invalid in length, and the patient's name/date of birth is missing.
- The patient is not Medi-Cal eligible.
- Information in the *Admit From* field (Box 14) on the *Long Term Care Treatment Authorization Request* (LTC TAR, form 20-1) is missing or invalid.

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Processing Changes (*continued*)

- The requested service information is missing, invalid or invalid in length.
- The ICD-9-CM diagnosis code, admitting ICD-9-CM diagnosis code and/or primary DX diagnosis code is missing or invalid.
- The County Medical Services Program (CMSP) pharmacy services are covered by MEDIMPACT. Please call 1-800-788-2949 for further information.
- The requested Adult Day Health Care (ADHC) service should specify the months and the number of requested days for each calendar month on separate lines of the TAR. The TAR request should not exceed six months or have more than one service line for a given calendar month. Please refer to the appropriate Part 2 manual for specific TAR preparation instructions.

Adjudication Response

CDHS will discontinue the practice of returning adjudicated paper TAR copies to providers based on the schedule above. Instead, providers will receive an *Adjudication Response* (AR), which will display:

- The status of requested service(s)
- The reason(s) for the decision(s), including TAR decisions resulting from an approved or modified appeal
- The adjudicator's request for additional information, if necessary

The AR will enable the provider to respond to the requested information or proceed to bill for authorized services. (See the *Adjudication Response* example at the end of this article.) Providers should keep a copy of the AR for their records and use it when responding to deferrals or when requesting an update/correction to a previously approved or modified TAR.

When requesting an update/correction, a copy of the AR must be placed on top of newly submitted documents to ensure the information can be matched with previously submitted documentation. Providers should clearly specify what change(s) are being requested.

The ARs will be mailed to the provider's address on file with CDHS' Payment Systems Division, Provider Enrollment Branch (PEB). Providers should ensure PEB has their most up-to-date mailing address on file. Instructions about changing/updating a provider address may be found on the Medi-Cal Web site (www.medi-cal.ca.gov). From the home page, click the "Provider Enrollment" link and then the "Provider Reminders" link at the top of the page.

Attachments

On November 15, 2006, CDHS notified providers via a flyer that attachments were no longer being returned with deferred paper TARs. Medi-Cal field offices and pharmacy sections will continue to retain and archive all attachments for reference.

Providers responding to a deferred TAR should return the AR and any new attachment(s) requested.

SSN on TARs

In accordance with *Medi-Cal Updates* issued in August and September 2006, providers should use the recipient's Benefits Identification Card (BIC) number on the TAR, rather than the SSN. If a TAR is returned to a provider because of inaccurate and/or incomplete information, the SSN will be removed.

If you have any questions regarding this information, please contact your local Medi-Cal field office or pharmacy section.

*Please see **Processing Changes**, page 4*

Processing Changes (continued)

National Provider Identifier (NPI) Number

Providers should be aware that the NPI number will not be accepted on TARs until after the official NPI implementation date of November 26, 2007. For detailed information about the new NPI implementation date, providers can view the “Important NPI Time Frame Changes” article posted in the “HIPAA News” area of the Medi-Cal Web site (www.medi-cal.ca.gov).

TARs issued under the old provider number (legacy number) prior to November 26, 2007 can still be used for claims submitted with an NPI starting on or after November 26, 2007. Providers will not have to request an updated TAR with the NPI information.

State of California - Health and Human Services Agency
Department of Health Services

CONFIDENTIAL

ARNOLD SCHWARZENEGGER, Governor

Medi-Cal Operations Division

ADJUDICATION RESPONSE

Provider Number: HSCXXXXXX
XXX CONTRACT HOSP #2
3215 PROSPECT PARK DR
RNCHO CORDOVA, CA 95670-6017

DCN (Internal Use Only): 123456789101
Date of Action: 06/27/2006
Regarding: Jane Doe
TAR Control Number: 9876543210



This is to inform you that a Treatment Authorization Request has been adjudicated. If you have any questions regarding this adjudication response, please contact your local Medi-Cal Field Office. The decision(s) follow:

Svc #	Service Code	Modifier(s)	Service Description	From Date of Service	Thru Date of Service	Units	Quantity	Status	P.I.
1	123ABC	1	Service Description 1	01-01-2006	01-31-2006	12345	1000000.123	1 Approve	1
2	ABC123	2	Service Description 2	01-01-2006	01-31-2006	12345	1000000.123	2 Modify	0
Reason(s):		GEN: Modified, refer to comments							
Comment(s):		Comments from Field Office Consultant 2							
3	ABC123	3	Service Description 3	01-01-2006	01-31-2006	12345	1000000.123	3 Deny	3
Reason(s):		GEN: Denied, refer to comments							
Comment(s):		Comments from Field Office Consultant 3							
4	ABC123	4	Service Description 4	01-01-2006	01-31-2006	12345	1000000.123	4 Defer	5
Reason(s):		GEN: Deferred, refer to comments							
Comment(s):		Comments from Field Office Consultant 4							

Authorization does not guarantee payment. Payment is subject to Patient's eligibility. Please ensure that the Patient's eligibility is current before rendering service.

If you have received this document in error, please call the Telephone Service Center, 1-800-541-5555 in California, 1-916-636-1200 out-of-state (follow the prompts for eTAR), to notify the sender. Please destroy this document via shredder or confidential destruction.

Update: CMS-1500 Claim Form Information

The Centers for Medicare & Medicaid Services (CMS) has notified Medi-Cal that there were incorrectly formatted versions of the revised *CMS-1500* claim form being sold by print vendors, specifically the Government Printing Office (GPO). After reviewing the situation, the GPO has determined that the source files it received from the National Uniform Claim Committee's (NUCC) authorized forms designer were improperly formatted. The error resulted in the sale of both printed forms and negatives, which do not comply with the form specifications. However, not all of the new forms are incorrect.

Please see **CMS-1500**, page 5

CMS-1500 (*continued*)

The following will help to properly identify whether providers have a version of the form that needs to be updated. The old version of the form contains “Approved OMB-0938-0008 FORM CMS-1500 (12-90)” on the bottom of the form, typically located in the lower right corner, signifying it is the December 1990 version. The revised version contains “Approved OMB-0938-0999 FORM CMS-1500 (08-05)” on the bottom of the form, signifying it is the August 2005 version.

Checking the information at the upper right hand corner of the form is the best way to identify if that particular version is correct. On properly formatted claim forms, there will be an approximate ¼-inch gap between the tip of the red arrow above the vertically stacked word “CARRIER” and the top edge of the paper. If the tip of the red arrow is touching or close to touching the top edge of the paper, then the form is not printed to specifications.

New Frequently Asked Questions (FAQs) Posted

CMS has posted new “National Provider Identifier (NPI) Frequently Asked Questions (FAQs)” on its Web site. To view these FAQs, visit the NPI area of the CMS Web site at (www.cms.hhs.gov/NationalProvIdentStand) and click “Educational Resources.” Scroll down to the “Related Links Inside CMS” area and click “Frequently Asked Questions.” Then to find the latest FAQs, click the arrows next to “Date Updated.”

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Remove and replace: cms sub 1/2 *
 medi cr cms 3/4 *
 medi cr ub ex 3 thru 9 *

* Pages updated due to ongoing provider manual revisions.